

**TD F 90-22.1**(Rev. January 2012)  
Department of the TreasuryDo not use previous editions of  
this form**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**1 9 9 6**Amended ☐**Part I Filer Information**

2 Type of Filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other—Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number

0102

If filer has no U.S. Identification  
Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: ☐ Passport ☐ Other \_\_\_\_\_

b Number \_\_\_\_\_

c Country of Issue \_\_\_\_\_

5 Individual's Date of Birth  
MM/DD/YYYY

6 Last Name or Organization Name

**Bittner**

7 First Name

Alexandru

8 Middle Initial \_\_\_\_\_

9 Address (Number, Street, and Apt. or Suite No.)

10 City

11 State

12 Zip/Postal Code

75074

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes If "Yes" enter total number of accounts \_\_\_\_\_

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

☒ No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

375000

16 Type of account a ☒ Bank b ☐ Securities c ☐ Other—Enter type below \_\_\_\_\_

17 Name of Financial Institution in which account is held

Banca Agricola

18 Account number or other designation

7200

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

STR Smardan NR3

20 City

Bucharest

21 State, if known

22 Zip/Postal Code, if known

23 Country

Romania

**Signature**

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Cat. No. 12996D

Form **TD F 90-22.1** (Rev. 1-2012)

DOJ 000883

**TD F 90-22.1**(Rev. January 2012)  
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OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**1 9 9 7**Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number 0102 If filer has no U.S. Identification Number complete Item 4.		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Individual's Date of Birth MM/DD/YYYY			
6 Last Name or Organization Name Bittner		7 First Name Alexandru	
8 Middle Initial			
9 Address (Number, Street, and Apt. or Suite No.)			
10 City		11 State	12 Zip/Postal Code
			13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported 525000		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held Banca Agricola			
18 Account number or other designation 17200		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held STR Smardan NR3	
20 City Bucharest		21 State, if known	22 Zip/Postal Code, if known
			23 Country Romania
Signature			
44 Filer Signature		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

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Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)

DOJ 000884



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OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/311 2 2 8  
Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other - Enter type			
3 U.S. Taxpayer Identification Number 0102 If filer has no U.S. Identification Number complete Item 4.		4 Foreign Identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other b Number c Country of Issue	
5 Individual's Date of Birth MM/DD/YYYY		6 Last Name or Organization Name Bittner	
7 First Name Alexandru		8 Middle Initial	
9 Address (Number, Street, and Apt. or Suite No.)			
10 City	11 State	12 Zip/Postal Code	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported 453,524		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below	
17 Name of Financial Institution in which account is held BANCA AGRICOLA			
18 Account number or other designation 22200		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held STR. SARGHESCU NR 3	
20 City BUCHAREST	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
44 Filer Signature		45 Filer Title, If not reporting a personal account	
		46 Date (MM/DD/YYYY)	

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Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)

**TD F 90-22.1**Rev. January 2012  
Department of the TreasuryDo not use previous editions of  
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2008

1 This Report is for Calendar  
Year Ended 12/31

1999

Amended ☐**Part I Filer Information**

2 Type of Filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other—Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number

0102

If filer has no U.S. Identification  
Number complete Item 4.

4 Foreign Identification (Complete only if Item 3 is not applicable.)

a Type: ☐ Passport ☐ Other \_\_\_\_\_

b Number \_\_\_\_\_

c Country of Issue \_\_\_\_\_

5 Individual's Date of Birth

MM/DD/YYYY

6 Last Name or Organization Name

Blitner

7 First Name

Alexandru

8 Middle Initial \_\_\_\_\_

9 Address (Number, Street, and Apt. or Suite No.) \_\_\_\_\_

10 City \_\_\_\_\_

11 State \_\_\_\_\_

12 Zip/Postal Code \_\_\_\_\_

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes If "Yes" enter total number of accounts \_\_\_\_\_

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

☒ No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

2320 000

16 Type of account

a ☒ Bank b ☐ Securities c ☐ Other—Enter type below \_\_\_\_\_

17 Name of Financial Institution in which account is held

BANCA AGRICOLA

18 Account number or other designation

2200

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

STR. SARGHAN NR 3

20 City

BUCHAREST

21 State, if known \_\_\_\_\_

22 Zip/Postal Code, if known \_\_\_\_\_

23 Country

ROMANIA

**Signature**

44 Filer Signature

45 Filer Title, if not reporting a personal account \_\_\_\_\_

46 Date (MM/DD/YYYY) \_\_\_\_\_

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Cat. No. 12998D

Form TD F 90-22.1 (Rev. 1-2012)

DOJ 000886



**TD F 90-22.1**(Rev. January 2012)  
Department of the Treasury**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

This Report is for Calendar  
Year Ended 12/31**2020**Amended ☐Do not use previous editions of  
this form**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number <b>0102</b>		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	
5 Individual's Date of Birth MM/DD/YYYY		6 Middle Initial	
7 Last Name or Organization Name <b>Blitner</b>		8 Country of Issue <b>Alexandru</b>	
9 Address (Number, Street, and Apt. or Suite No.)			
10 City	11 State	12 Zip/Postal Code	13 Country <b>United States</b>

14 Does the filer have a financial interest in 25 or more financial accounts?  
☐ Yes If "Yes" enter total number of accounts \_\_\_\_\_  
 (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)  
☒ No

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported <b>1140000</b>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of financial institution in which account is held <b>BANK AUSTRIA</b>			
18 Account number or other designation <b>0020</b>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>STR GREGORE ALBA NO 37</b>		
20 City <b>BUCHAREST</b>	21 State, if known	22 Zip/Postal Code, if known	23 Country <b>ROMANIA</b>
Signature			
44 Filer Signature	45 Filer Title, if not reporting a personal account		46 Date (MM/DD/YYYY)

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Cst. No. 12968D

Form TD F 90-22.1 (Rev. 1-2012)

## TD F 90-22.1

Rev. January 2012  
Department of the TreasuryREPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31

2021

Amended ☐Do not use previous editions of  
this form

## Part I Filer Information

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number -0102		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	
If filer has no U.S. Identification Number complete item 4.		b Number _____ c Country of Issue _____	
5 Last Name or Organization Name Blitner		7 First Name Alexandru	
8 Middle Initial			
9 Address (Number, Street, and Apt. or Suite No.)			

10 City	11 State	12 Zip/Postal Code	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

## Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported 880,000		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of financial institution in which account is held BANK AUSTRIA HVB BANK			
18 Account number or other designation 0020		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held STR 6/4609E RUDEA NO 37	
20 City BUCHAREST	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
Signature			
44 Filer Signature		45 Date (MM/DD/YYYY)	

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Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)

DOJ 000888



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3 U.S. Taxpayer Identification Number -0102 If filer has no U.S. Identification Number complete item 4.		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of issue _____	
5 Last Name or Organization Name Bittner		7 First Name Alexandru	8 Individual's Date of Birth MM/DD/YYYY
9 Address (Number, Street, and Apt. or Suite No.)			
10 City	11 State	12 Zip/Postal Code	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported <b>2499963</b>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of financial institution in which account is held <b>HVB - BANK</b>			
18 Account number or other designation <b>0320</b>	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>STR 62 BOPE ADRA NR 37</b>		
20 City <b>BUCHAREST</b>	21 State, if known	22 Zip/Postal Code, if known	23 Country <b>ROMANIA</b>
44 Filer Signature		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

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Form **TD F 90-22.1** (Rev. 1-2012)

**TD F 90-22.1**(Rev. January 2012)  
Department of the TreasuryDo not use previous editions of  
this form**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31

2003

Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number -0102 If filer has no U.S. Identification Number complete Item 4.		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Individual's Date of Birth MM/DD/YYYY		6 Middle Initial	
8 Last Name or Organization Name Bikiner		7 First Name Alexandru	
9 Address (Number, Street, and Apt. or Suite No.) 3927 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information.) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

16 Maximum value of account during calendar year reported 4364100		18 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of financial institution in which account is held HUBS - BANK			
19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 0320 STR. GILBORE ALCOA NO 37		20 City BUCHAREST	
21 State, if known		22 Zip/Postal Code, if known	
23 Country ROMANIA		24 Date (MM/DD/YYYY)	
44 Filer Signature		45 Filer Title, if not reporting a personal account	

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road G-3-242, Lanham MD 20706.

Cat. No. 12296D

Form TD F 90-22.1 (Rev. 1-2012)



**TD F 90-22.1**(Rev. January 2012)  
Department of the TreasuryDo not use previous editions of  
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**2004**Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number -0102		4 Foreign Identification (Complete only if Item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Individual's Date of Birth MM/DD/YYYY		6 Last Name or Organization Name Blitner	
7 First Name Alexandru		8 Middle Initial	
9 Address (Number, Street, and Apt. or Suite No.) 3927 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported <b>1,000,074</b>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held <del>Bank of America</del> <b>HUB BANK</b>			
18 Account number or other designation <b>0320</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>STR 64 KORE LINDA NO 37</b>	
20 City <b>BUCHAREST</b>	21 State, if known	22 Zip/Postal Code, if known	23 Country <b>ROMANIA</b>
Signature			
44 Filer Signature		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-608; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

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The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)

**TD F 90-22.1**(Rev. January 2012)  
Department of the TreasuryDo not use previous editions of  
this form**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2008

1 This Report is for Calendar  
Year Ended 12/31**2005**Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number -0102 If filer has no U.S. Identification Number complete Item 4.		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Individual's Date of Birth MM/DD/YYYY		6 Middle Initial	
6 Last Name or Organization Name Blitner		7 First Name Alexandru	
9 Address (Number, Street, and Apt. or Suite No.) 3927 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information.) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported <b>147,500</b>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held <b>HVB - BANK</b>			
18 Account number or other designation <b>D320</b>		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>STR 6 MICOPE ALBIA NR 37</b>	
20 City <b>BUCHAREST</b>	21 State, if known	22 Zip/Postal Code, if known	23 Country <b>ROMANIA</b>
44 Filer Signature		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

File this form with: U.S. Department of the Treasury, P.O. Box 32821, Detroit, MI 48232-0821

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

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The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20708.

Cat. No. 129960

Form TD F 90-22.1 (Rev. 1-2012)



**TD F 90-22.1**Rev. January 2012  
Department of the TreasuryDo not use previous editions of  
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**2006**  
Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number -0102 If filer has no U.S. Identification Number complete item 4.		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Individual's Date of Birth MM/DD/YYYY		8 Middle Initial	
6 Last Name or Organization Name Bittner		7 First Name Alexandru	
9 Address (Number, Street, and Apt. or Suite No.) 3927 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported 1872733		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of financial institution in which account is held HVB - BANK			
18 Account number or other designation P320		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held STR. GREGORE ALBA NO 37	
20 City BUCHAREST	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
44 Filer Signature		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

File this form with: U.S. Department of the Treasury, P.O. Box 32821, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

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Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)

DOJ 000893

**TD F 90-22.1**(Rev. January 2012)  
Department of the TreasuryDo not use previous editions of  
this form.**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**2022**Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number 0102		4 Foreign Identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Individual's Date of Birth MM/DD/YYYY		6 Middle Initial	
7 Last Name or Organization Name Blitner		8 First Name Alexandru	
9 Address (Number, Street, and Apt. or Suite No.) 3927 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information.) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported 470,278		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held UNICREDIT TIRIAC BANK			
18 Account number or other designation 0320		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PIATA CHARLES SO BRUCE	
20 City BUCHAREST	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
44 Filer Signature		45 Filer Title, if not reporting a personal account	
46 Date (MM/DD/YYYY)			

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

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The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Cat. No. 12998D

Form TD F 90-22.1 (Rev. 1-2012)



**TD F 90-22.1**(Rev. January 2012)  
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AND FINANCIAL ACCOUNTS**

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OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**2008**Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type			
3 U.S. Taxpayer Identification Number 0102	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other		5 Individual's Date of Birth MM/DD/YYYY
6 Last Name or Organization Name Bittner		7 First Name Alexandru	8 Middle Initial
9 Address (Number, Street, and Apt. or Suite No.) 3927 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States

14 Does the filer have a financial interest in 25 or more financial accounts?  
☐ Yes If "Yes" enter total number of accounts \_\_\_\_\_  
 (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)  
☒ No

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported 500,000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held UNICREDIT TIRIA BANK			
18 Account number or other designation 0320	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PIATA CHARLES DU GAULLE RD 15		
20 City BUCHAREST	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA

**Signature**

44 Filer Signature	45 Filer Title, if not reporting a personal account	46 Date (MM/DD/YYYY)
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File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)

**TD F 90-22.1**(Rev. January 2012)  
Department of the TreasuryDo not use previous editions of  
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**2009**Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number 0102 If filer has no U.S. Identification Number complete item 4.		4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Last Name or Organization Name Blitner		7 First Name Alexandru	
8 Middle Initial _____			
9 Address (Number, Street, and Apt. or Suite No.) 3927 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported <b>333,333</b>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of financial institution in which account is held UNICREDIT TIRAC BANK			
18 Account number or other designation 0320		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PIATA CHARLES DU GAUCE NO 15	
20 City BUCHAREST	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
44 Filer Signature		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

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Cat. No. 129980

Form TD F 90-22.1 (Rev. 1-2012)



**TD F 90-22.1**(Rev. January 2012)  
Department of the TreasuryDo not use previous editions of  
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**2010**  
Amended ☐**Part I Filer Information**

2 Type of Filer a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Consolidated e <input type="checkbox"/> Fiduciary or Other—Enter type _____			
3 U.S. Taxpayer Identification Number -0102 If filer has no U.S. Identification Number complete Item 4.		4 Foreign Identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	
5 Individual's Date of Birth MM/DD/YYYY		6 Middle Initial	
7 Last Name or Organization Name Bittner		8 First Name Alexandru	
9 Address (Number, Street, and Apt. or Suite No.) 3827 Ranch Estates			
10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
14 Does the filer have a financial interest in 25 or more financial accounts? <input type="checkbox"/> Yes If "Yes" enter total number of accounts _____ (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) <input checked="" type="checkbox"/> No			

**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported <b>659350</b>		16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held <b>UNICREDIT TITIALC BANK</b>			
18 Account number or other designation 0320		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held <b>P.O. BOX 1015</b>	
20 City <b>CHARLEST</b>	21 State, if known	22 Zip/Postal Code, if known	23 Country <b>RODINIA</b>
44 Filer Signature		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (a) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Elin Road C-3-242, Lanham MD 20706.

Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)

**TD F 90-22.1**Rev. January 2012  
Department of the TreasuryDo not use previous editions of  
this form**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar  
Year Ended 12/31**2 0 1 1**Amended ☐**Part I Filer Information**

2 Type of Filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other—Enter type

3 U.S. Taxpayer Identification Number

0102

If filer has no U.S. Identification  
Number complete item 4.

4 Foreign Identification (Complete only if item 3 is not applicable.)

a Type: ☐ Passport ☐ Other

b Number

c Country of Issue

5 Individual's Date of Birth  
MM/DD/YYYY

6 Last Name or Organization Name

Bittner

7 First Name

Alexandru

8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City

Plano

11 State

TX

12 Zip/Postal Code

75074

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes If "Yes" enter total number of accounts

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

☒ No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

996,000

16 Type of account a ☒ Bank b ☐ Securities c ☐ Other—Enter type below

17 Name of Financial Institution in which account is held

Piraeus Bank

18 Account number or other designation

3000

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

SOS, Nicolle Titulescu NO 24-31

21 State, if known

22 Zip/Postal Code, if known

23 Country

RODANIA

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

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Cat. No. 129960

Form TD F 90-22.1 (Rev. 1-2012)

DOJ 000898